2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L07000119445

Entity Name: SUBLIMIQUIT, LLC

Current Principal Place of Business:

1056 W. RIVIERA BLVD.
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1056 W. RIVIERA BLVD.
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 42-1747971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BELANGER, DAVID J
Address: 1056 W. RIVIERA BLVD.
City-St-Zip: OVIEDO, FL 32765

Title: MGRM ( ) Delete
Name: TUCKER, DANIEL
Address: 1056 W. RIVIERA BLVD.
City-St-Zip: OVIEDO, FL 32765

Title: MGRM ( ) Delete
Name: BLANGER, JAMIEL L
Address: 1056 W. RIVIERA BLVD.
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: BELANGER, JAMIE L
Address: 1056 W. RIVIERA BLVD.
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMIE L BELANGER MGRM 04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date